

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <b>10/088049</b>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						61	
2		1					62	
3		1					63	
4		1					64	
5		1					65	
6		1					66	
7		3					67	
8		1					68	
9		1					69	
10		1					70	
11		1					71	
12		1					72	
13		1					73	
14		1					74	
15		1					75	
16		1					76	
17	1						77	
18		1					78	
19							79	
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36							96	
37							97	
38							98	
39							99	
40							100	
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.			3				TOTAL IND.	
TOTAL DEP.			15				TOTAL DEP.	
TOTAL CLAIMS			18				TOTAL CLAIMS	